

SERVICE DELIVERY POINT BRIEF

PMA Agile/Indore, India



ABOUT PMA AGILE

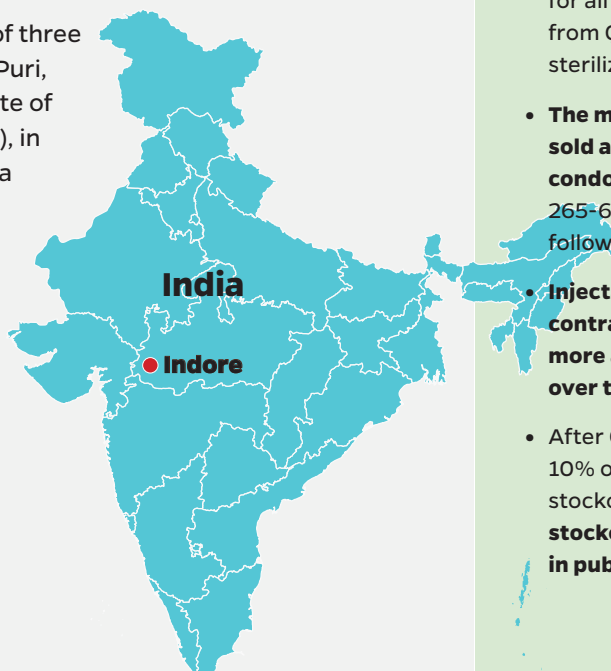


PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring**

and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public and private health facility surveys and semi-annual client exit interviews. A phone follow-up survey is conducted with consenting female clients four months after their interviews.

PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers four quarterly surveys conducted in Indore from April 2018 to May 2019.

The full results are accessible at site dashboards at pmdatadata.org/technical-areas/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.

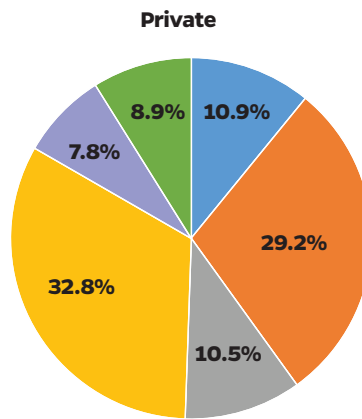
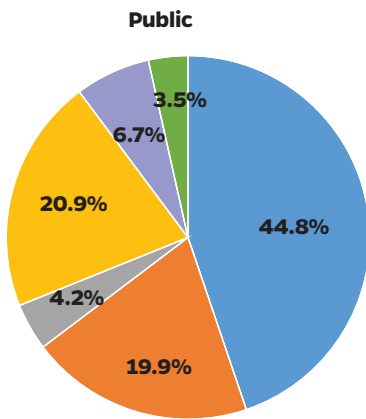


Key highlights from Q1-Q4 SDP surveys in Indore

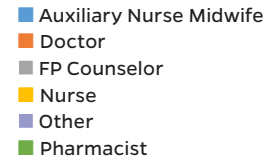
- The SDP sample in Indore is composed of all **27 public and 104 of 341 private facilities** in Q1.
- In both public and private facilities, **staff trained to provide family planning (FP) tend to be auxiliary nurse midwives (ANMs), nurses, and doctors**, although ANMs account for a much larger share of FP-trained staff in public facilities (44.8% vs. 10.9%).
- **Although public SDPs account for the majority of couple-years of protection, the methods provided are largely limited to female sterilization and IUDs.** Private SDPs provide CYPs through a wider range of methods that include pills and condoms.
- **The average number of client visits for condoms in the past month at public facilities peaked in Q2 at 205 and dropped to 25 in Q4.** The average number of visits for all other methods declined from Q1 to Q4, except for female sterilization.
- **The main contraceptive method sold at private SDPs was male condoms**, with an average of 265-629 units sold per month, followed by pills.
- **Injectables and emergency contraception have become more accessible in public SDPs over time.**
- After Q1, during which more than 10% of dispensaries reported stockouts of IUDs, **no further stockouts of IUDs were reported in public facilities.**

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (27) and private (104) facilities in Indore in Q1



Staff trained in family planning in public facilities tend to be ANMs (44.8%), complemented by nurses and doctors (20.9% and 19.9% respectively). In private facilities, nurses (32.8%) and doctors (29.2%) are the primary staff trained in FP.



CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

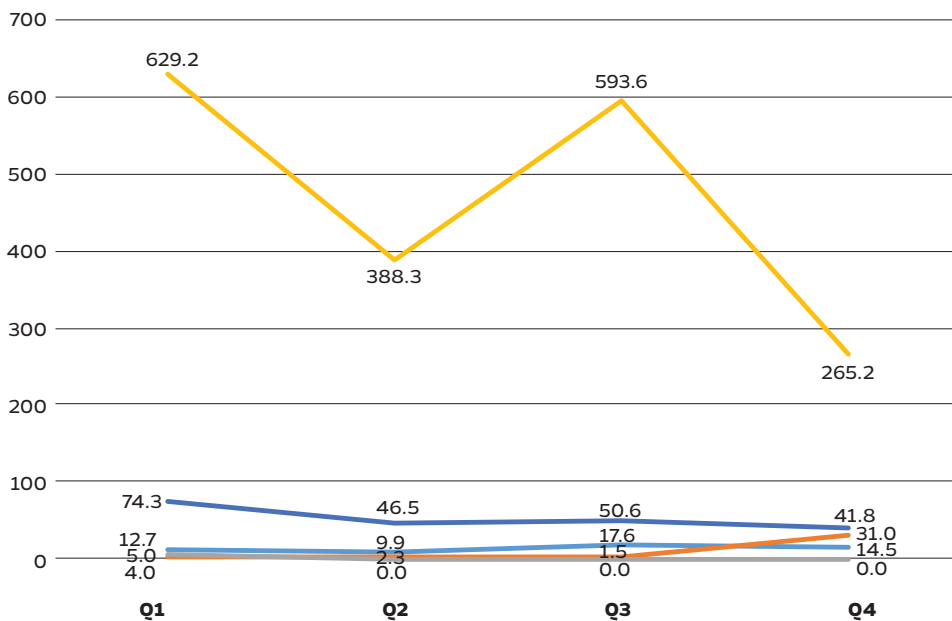
Average number of client visits in past month

Among public facilities in Indore (n=27)

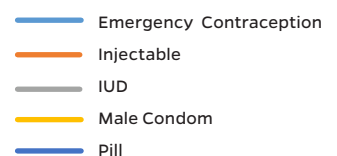
	Q1	Q2	Q3	Q4
Emergency Contraception (EC)	5.2	3.9	0.1	0.0
Male and Female Condoms	111.3	204.9	18.7	25.1
Sterilization	20.2	23.4	37.3	28.0
Injectable	13.7	21.5	25.5	28.0
IUD	20.0	9.8	11.7	7.7
Pill	60.0	20.4	8.1	25.8

There was a rise in the average number of client visits for injectables, from 13.7 to 28.0 between Q1 and Q4. Except for sterilization, the average number of visits for other methods generally ended lower in Q4 than at the beginning.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=104)

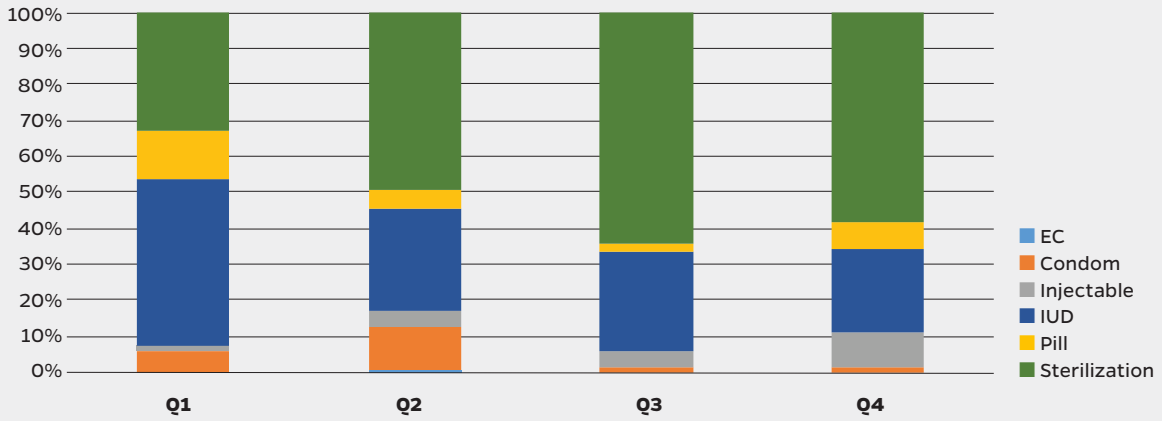


The main contraceptive method sold at private SDPs were male condoms, with an average of 265 to 629 units sold per month, followed by the pill, which ranged from 41.8 to 74.3 units sold per month. An average of 14 EC units are sold per month.

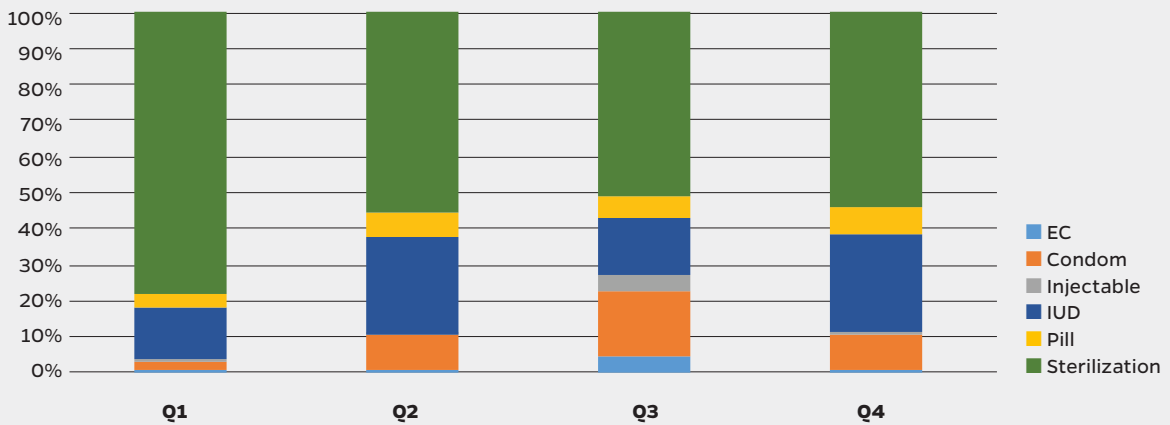


COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities (n=27)



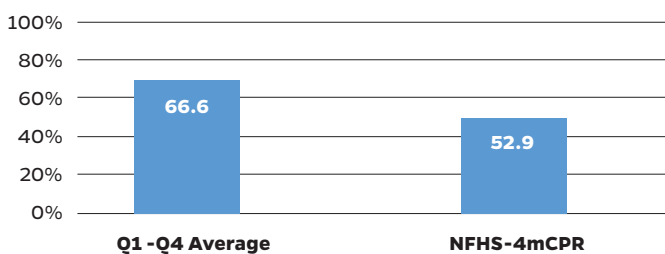
Percent distribution of CYPs at private facilities (n=104)



Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to female sterilization and IUDs. Private SDPs provide CYPs through a wide range of methods that also include condoms and pills.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)

Facility-based Contraceptive Coverage Rate (%) and NFHS-4 Modern Contraceptive Prevalence Rate among Married Women 15-49 Years

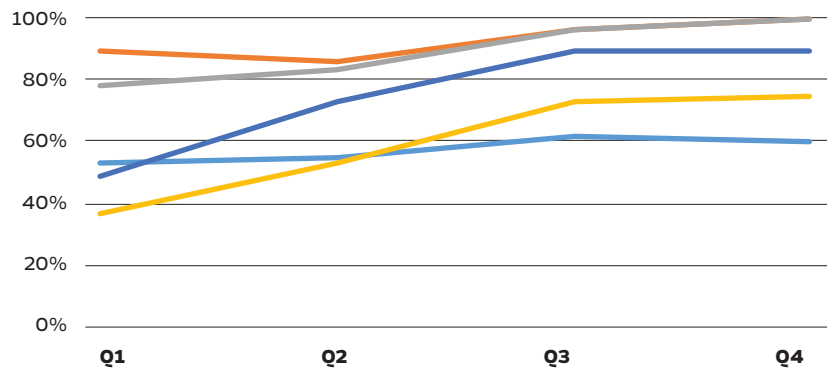


The average CCR across the four quarters was 66.6%, suggesting the Agile sample of facilities supplied approximately two-thirds of eligible couples in Indore. Although not a direct counterpart, the 2015-2016 National Family Health Survey estimated modern contraceptive prevalence among married women in Indore at 52.9%.

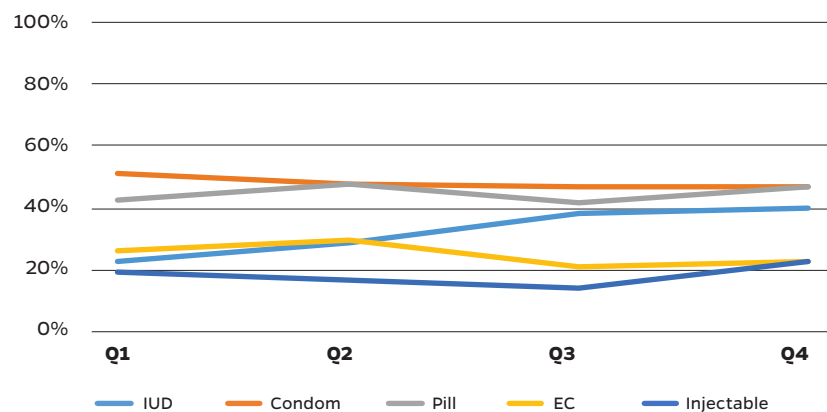
STOCK OUTS

METHODS IN STOCK: FOCUS ON IUD, PILL AND INJECTABLE

Percent of public SDPs that report having methods in stock on day of survey (n=27)

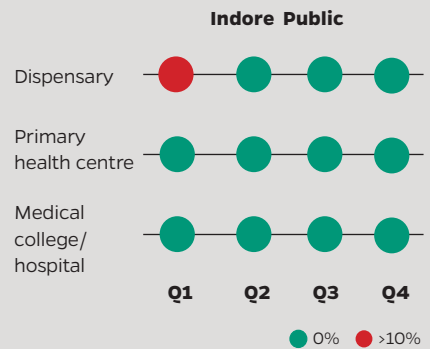


Percent of private SDPs that report having methods in stock on day of survey (n=104)



Percent out-of-stock of IUDs by quarter and facility type

Among public facilities (n=6)



After Q1, when more than 10% of dispensaries reported stockouts of IUDs, no stockouts were reported afterward in any type of public health facility.

Public SDPs are more likely than private SDPs to have IUDs, condoms, injectables and pills in stock. Injectables and EC in particular have become more accessible in public SDPs over time. IUDs are more likely to be in stock in private SDPs than before.

PMA AGILE SAMPLE

PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client's selection probability which is a function of the SDP's average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.

Suggested citation: Indian Institute of Health Management Research (IIHMR) and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring for Action Agile (PMA Agile) Quarterly Survey 2017-2019. Jaipur, Rajasthan, India and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.